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ABSTRACT

The newsletter describes the staff and training activities of the Teaching Research Infant and Child Center which consists of two national model centers--Early Education for the Handicapped Model and a Severely Handicapped Education Model. It is reported that staff training procedures developed at the Boulder (Montana) River School and Hospital resulted in a set of 11 basic institution staff training procedures which include provision for the scheduling and training of staff which are new to a cultural unit before they join that unit and requirment of administrative staff to participate in the demonstration center training. Reported is replication and expansion of the training model at two facilities, Fairview Training Center (Salem, Oregon) and Eastern Oregon Training Center (Pendelton, Oregon). (SB)

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Prepared by the Staff of Special Education Department

Teaching Research, Monmouth, Oregon 97361 **Vol. IX, No. 1, August 1980**

This is the fourteenth of a series of newsletter editions which will describe the activities of the Teaching Research Infant and Child Center. The Teaching Research Infant and Child Center consists of two national model centers—Early Education for the Handicapped Model and a Severely Handicapped Education model.

The Early Education for the Handicapped Model (Co-Directors: Dr. William Moore and Dr. Bud Fredericks) includes the following components:

—Preschool for the Multiple Handicapped
—Parent Training Clinic
—Prescriptive Program
—Infant and Toddler Program
—Group Home

The Severely Handicapped Education Model (Co-Directors: Dr. Victor Baldwin and Dr. Bud Fredericks includes the following components:

Severely Handicapped Classrooms
Group Home

This issue of the newsletter describes staff and resident training systems developed by Teaching Research for institutional settings and was prepared by Mr. Bruce Dalke, Dr. C. Robert Campbell, Ms. Vicki Carter and Ms. Marilyn Voss-Shults.

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TRAINING SYSTEMS FOR INSTITUTIONS

Introduction

Staff from the Special Education Department at Teaching Research have been involved in developing both staff and resident training systems in institutions since 1975. This newsletter will describe the most recent Teaching Research activities in institution settings and present some of the data resulting from the staff training systems developed.

Staff training at institutions for MR/DD individuals has been the focus of attention of many professionals across the United States in recent years. The intent of much of this training has been the movement of institutions from philosophies and practices of custodial care for residents to philosophies and practices of developmental training. The goal has been the preparation of residents for the greatest possible level of independence.

The relative success of behavioral techniques in modifying and/or establishing a wide variety of resident skills is documented in the literature. A review of these studies indicate that comprehensive training procedures which have proven successful in treating residents have not been systematically subjected to the same rigor in staff training efforts. Associated with this lack of rigor is the failure of many

investigators to appreciate the complexity of the institutional system.

Investigations of training models which indicate some effectiveness in transferring training into practice in the work environment share several important elements: 1) a *unified individualized approach* (Edgar, Baker, Harper, Swift, and Melseth, 1976); 2) *a reality based approach* (Gardner, 1973; Garove, Handley, and Stevens, 1975); and 3) *adequate feedback to trainees* (Panyan, Boozer, and Morris, 1970; Fredericks *et al*, 1975). Perhaps Balthazar (1972) adequately summarizes the state of the staff training technology suggesting ". . . it is one thing to demonstrate remedial or therapeutic programs, but it is quite another to adopt them effectively as routine (cottage) programs" (p. 10).

Model Development—Boulder, Montana

In 1975 staff from Teaching Research were contracted by Boulder River School and Hospital, Boulder, Montana to evaluate staff and resident training needs and subsequently develop procedures for training. A team from Teaching Research led by Dr. David N. Grove was involved for two years at Boulder piloting an inservice approach for institution staff training. Procedures utilized for resident training during this pilot study were based on procedures developed at Teaching Research and described in *A Data Based Classroom for Moderately and Severely Handicapped*, Fredericks, Baldwin, Grove, Riggs, Furey, Moore, Jordan, Gage, Levak, Alrick, and Wadlow (1975).

As a result of the staff training procedures developed at Boulder, a set of 11 basic institution staff training assumptions was postulated (Grove, Dalke and Fredericks, 1977).

1. An effective staff training model must identify "cultural" units within an institution and then simultaneously train or retrain all members of that culture.

2. An effective staff training model should establish a training site (preferably a demonstration center) which has as its sole purpose the training of staff.

3. An effective staff training model must prepare and field test a training packet which contains a delineation of sequentially identified competencies, by staff position, which each trainee must demonstrate prior to returning to his/her work environment. Objective techniques must be developed which document the degree of competency acquisition.

4. An effective staff training model will contain a well defined transition program which will assist the newly trained staff in transferring their skills back into their work environment.

5. An effective staff training model must provide for the scheduling and training of staff which are new to a "cultural" unit before they join that unit.

6. An effective staff training model must come to terms with the instability of the skills of direct care staff and provide regular, routine checks on these skills and provide methods to retrain in areas where skill deficits are identified.

7. An effective training model must require administrative staff, prior to the training of direct care staff, to participate in the demonstration center training, demonstrate competencies and meet training objectives for all staff positions.

8. An effective staff training model must commit resources that will modify the physical cottage environments while at the same time attacking the credibility problem that exists traditionally between administrators and direct care staff.

9. An effective staff training model will identify critical elements of the training model and provide for gradual compliance with some of those elements by "cultural" units waiting for training.

10. An effective staff training model must emphasize that habilitation occurs in the environment in which the child resides, conducted by direct care staff and that the professional personnel must become trainers of staff and only directly serve those residents that time and personnel constraints will allow.

11. Before beginning a staff training effort, the institution must assume the critical responsibility of evaluating the effectiveness of the training effort. The information collected as a result of this evaluation should serve to subsequently modify and improve the effort.

Model Replication and Expansion

Since the development of institution staff training in Boulder, Montana, Teaching Research staff, under the direction of Bruce Dalke, have developed and implemented training systems in six other residential facilities for MR/DD individuals. These facilities range in size and complexity from a 1,300 resident facility to a small 20 resident ICFMR setting. Data resulting from these projects indicate various levels of success relative to training, implementation and maintenance of skills. This article will present a brief description of the two largest facilities where training systems have been developed and relevant data resulting from this development will be presented.

Fairview Training Center—Salem, Oregon

Fairview Training Center in Salem, Oregon was the first institution to adopt and expand training systems developed by Teaching Research staff in Montana. In March of 1977 Fairview administrative staff contacted Teaching Research staff to discuss staff and resident training needs of the institution. The need for assistance was identified as a result of both internal and external evaluations of Fairview resident training procedures. As a result, key Fairview personnel visited the Boulder, Montana project in June 1977 and a contract with Teaching Research to assist with development of a staff training program was signed.

Fairview Training Center is a large institution serving approximately 1300 MR/DD individuals. Administratively, Fairview is divided into eight units. Each unit is composed of one to four cottages with each cottage housing 50-100 residents. Residents are assigned to each unit on the basis of age, ability level and sex. Each unit has an Inter Disciplinary Team (IDT) whose responsibility is to provide a total habilitative plan of care to maximize the potential of all clients. A typical IDT is composed of: Unit Director, Social Worker, Physician, Nurse, Psychologist, Recreation Therapist, Educator and/or Vocational Trainer, Physical or Occupational Therapist, and Direct Care Staff. The IDT prescribes programs based on the plan of care. Delivery of programs may occur in a variety of settings from the residential site to support service (department) locations.

A systems approach was utilized to develop staff training procedures at Fairview. Over a three year period from 1977-1980 the training system expanded on the original model developed in Montana. Four sub-systems were developed in support of resident training programs: staff training, curriculum, evaluation, and administrative management information. These sub-systems were organized under a total system named the Fairview Training System (FTS). The following discussion will only address the staff training subsystem of the FTS.

Fairview Staff Training System. Given a base for staff training, i.e. a data based resident training approach, a staff training system became the central project focus. The problems presented at Fairview were the training of a large staff population, adherence to the basic staff training assumptions formulated, and working around the ongoing operational schedule of a large institution.

The first step was the establishment of a demonstration training site at Fairview. With the size of the staff population to be trained, training in only one location was logistically impossible. Therefore, the establishment of a series of training sites was implemented, beginning with a central training site for the institution which could train personnel from each of the unit training sites. The central training site is called the Fairview Training System-Instructional Center (FTS-IC).

Fairview Training System-Instructional Center. The main purpose of the FTS-IC is the training of key personnel from each unit who, in turn, return to their unit to function as trainers and/or lead staff. In addition, the FTS-IC trains other departmental personnel and professionals. The FTS-IC is centrally located on the Fairview Campus and is staffed with five trainers. A resident population which is representative of the unit being trained comes to the FTS-IC on a day schedule. Three types of training occur at the FTS-IC: basic course training and manager training which are each five day sessions, and intern training for the staff who will become trainers. The latter is a seven day session. All training is competency based on specific training objectives and includes a maximum amount of hands-on practicum. At the conclusion of basic and intern training for personnel from a specific unit, FTS-IC staff assist those trainers in establishing a Unit Training Center (UTC).

Unit Training Center. The purpose of the UTC is to train personnel (direct care staff) from the specified unit. Program delivery adaptations are refined at the UTC prior to the beginning of training. Unit cottage personnel are then rotated through training as relief schedules can be established. Implementation and follow-up assistance is then effected at the trainee work location.

At the same time that the FTS-IC and subsequent UTC's were being established to serve direct staff, staff training was also occurring in the education departments of the agency. Two departments provide educational services to residents under 21 years of age: the education department and the multihandicapped training department. Each of these departments established demonstration training classes based on the Teaching Research Data Based Classroom Model and subsequently trained all teachers, aides and technicians in the respective departments. In addition, a number of other professional staff from the agency received training in these centers.

Presentation of Staff Training Results

During the project period between 1977 and 1980, 441 out of the 1,296 Fairview staff members received instruction in the basic training course of the FTS. Implementation of the FTS occurred fully in one unit, partially in two units and fully in two departments during that time period. Following is a presentation of results from the initial basic training. In addition, data is presented from two separate performance probes of the units which implemented the FTS.

One of the major concerns in implementation of this staff training project was the maintenance of the quality of training across succeeding generations of trainees. Figure 1 is descriptive of three different generations of trainees requiring training, i.e., trainers had to train trainers to train trainers.

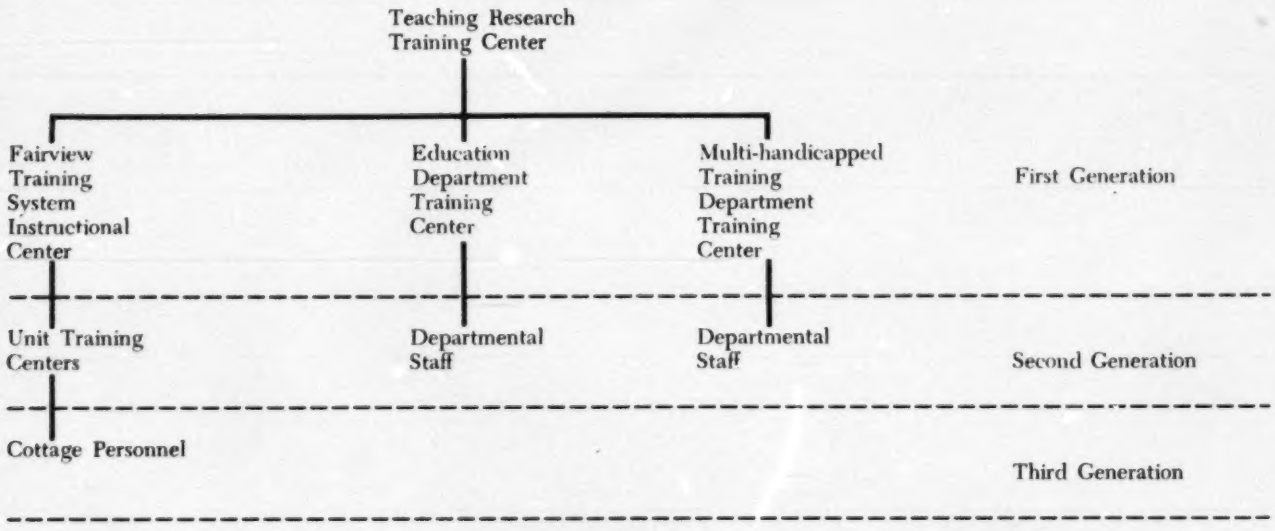

Figure 1
Generations of Training

Table 1 displays the results of training across three generations of trainees. These data indicate the percent of trainees meeting established training criteria across specified objectives of each training location.

Location of Training Center	Number of Staff Trained	Percent of Trainees Meeting Criteria by Location	Percent of Trainees Meeting Criteria by Generation
			First Generation
Teaching Research	41	90	90
FTS-IC	73	95	
Education Dept.	59	95	Second Generation 93
Handicapped Training Dept.	72	88	
Unit VI	68	95	
Unit III	107	78	Third Generation 88
Unit Vb Hospital Cottage	21	85	
	Total 441		

Table 1
Trainees Meeting Criteria by Generation

This data would suggest that quality of training was maintained and, in fact suggests that quality increased from first to second generation training. While there is an overall drop in the percent of trainees meeting criteria in the third generation training, the data suggest that some third generation training sites do maintain the same level of quality as first and second generation sites.

A second area of training data relevant to this presentation is the percent of staff meeting training criteria by staff position. If a training program is to have an impact on an institution, all staff should demonstrate an understanding of the principles and skills being used. Table 2 displays training data representing trainees meeting criteria by major staff position groups. All trainees represented were second and third generation trainees at Fairview. The data presented in Table 2 suggests that training was successful.

Trainee Job Position	Number of Staff Trained	Percent of Staff Meeting Criteria
Administrative Staff	3	100
Direct Care Management Staff (Cottage Manager, Shift Changes, Etc.)	56	94
Direct Care Staff	194	89
Educational Staff	120	93
Support Services Staff (Psych; Med; Soc. Workers, Rec., Voc., PT/OT, Etc.)	27	95
Total	400	92

Table 2
Trainees Meeting Criteria by Staff Position

Whether staff can successfully implement and maintain the skills learned is difficult to determine in an institution of the size of Fairview Training Center. There are a myriad of variables which affect implementation and maintenance. However, there are 9 indicators which fall into 3 general categories directly related to the content of training which can be monitored:

Staff Program Delivery Skills

1. Individual Programmer Observations. Observations of staff skills in one to one program delivery including appropriate delivery of cues and consequences and following program sequence with data collection.
2. Aide Observation. Observations of staff skills in managing consequences and rotating attention to all residents in the group.

Maintenance of Staff Skills

3. Feedback to staff. Observations of management staff to appropriately deliver feedback to staff based on specified performance delivery.

4. Agreement individual programmer. Observational agreement between management staff relative to observations of individual program delivery of direct care staff.

5. Agreement Aide Observation. Observation agreement between management staff relative to observations of staff functioning in the aide role.

Programming

6. Clipboard content.Determination whether all of the information necessary for programming is present on the resident individual clipboard.

7. Updating. Determination whether daily program data have been appropriately analyzed and program continuation decisions have been made.

8. Frequency of programming. Determine whether residents' programs are actually conducted as scheduled.

9. Resident skills list posted. Determination whether skills acquired or being programmed are noted for staff to insure practice or generalization in the living environment.

Utilizing an instrument designed to evaluate staff performance in relation to the 9 indicators, the FTS staff conducted two training follow-up probes to determine the level of implementation and maintenance. Figure 2 displays implementations and maintenance probes for each of the nine indicators. The data were collected across eight residential cottages in July 1979 (Probe #1) and February 1980 (Probe #2). Analysis of the data collected on these nine indicators suggests that a high rate of success during initial training does not insure a high rate of success during implementation and maintenance. While staff skills appear to maintain, the actual programming frequency and quality may deteriorate. A number of additional variables may affect these indicators, e.g., high resident to staff ratios, basic care needs of residents which are identified as higher priorities, staff turnover, staff absence due to illness or vacation, etc.

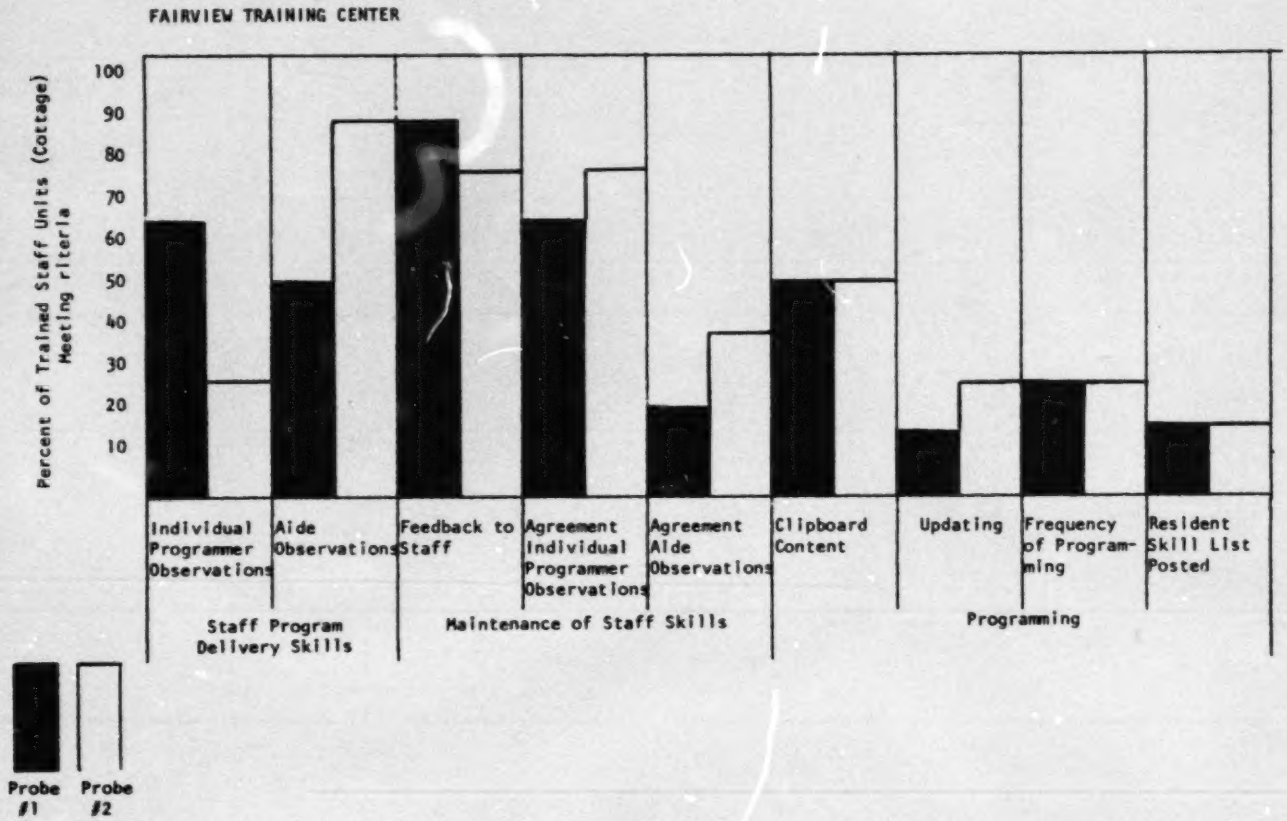

Figure 2
Implementation and Maintenance Probes

Eastern Oregon Training Center—Pendleton, Oregon

In December 1977, Mr. Ric Crowley, Assistant Superintendent for the MR/DD Section at Eastern Oregon Training Center (EOTC), invited three consultants to review the program for habilitation at EOTC and to make recommendations for the development and implementation of a system's approach to achieving the major institutional goals. These consultants were Mr. Bruce Dalke, Teaching Research; Dr. Dave Grove, Child Neurology Clinic, Good Samaritan Hospital and Medical Center, Portland; and Dr. Todd Risley, Living Environments Group, Center for Applied Behavior Analysis, Lawrence, Kansas. The recommendations resulting from that visit covered four major categories: administration, environmental design, personnel utilization, and training. As a result of the consultation, Teaching Research contracted with EOTC to provide assistance in carrying out

the recommendation through direct training and consulting by Teaching Research staff and by subcontracting with Dr. Grove and Dr. Denny Charlton from Child Neurology Clinic, and Dr. Risley and staff from Western Carolina Center, Morganton, North Carolina.

A coordinated assistance effort by the three agencies was implemented in the spring of 1978. The major focus of each agency was:

Teaching Research—Overall project coordination and staff training systems.

Child Neurology Clinic—Administration and personnel utilization.

Living Environments Group—Environmental design and training system for multihandicapped-nonambulatory populations.

This article will only address the staff training systems developed by Teaching Research and EOTC personnel.

Eastern Oregon Training Center is a split institution serving MR/DD individuals and MED individuals. The MR/DD population is the largest of the two serving 368 adult residents. Administratively, the MR/DD section is divided into two units. Each unit is composed of 5 to 6 wards in one large building serving approximately 20 to 40 residents in each ward. Each unit has an interdisciplinary team composed of staff from support service areas who have responsibility for developing and implementing a plan of care for each resident.

Eastern Oregon Staff Training System. The approach to staff training developed at EOTC is similar to the approach described above for Fairview Training Center. A demonstration training site was established as a part of the inservice training department. Four staff members were assigned to this department as trainers. Due to the smaller size of EOTC all training is facilitated at this one location. When a ward is scheduled for training, the ward management staff contracts with the training center staff to accomplish a specified set of training and implementation objectives. These objectives include activities which span pre-training preparation to post-training certification by the training staff. The staff training content focused on resident assessment, planning, program delivery, and skill maintenance and is based on the Teaching Research Data Based Instructional Model.

Presentation of Staff Training Results. During the project period between 1978 and 1980, 152 Eastern Oregon staff members received instruction in the basic training course. This instruction occurred at Teaching Research (ten staff) and Pendleton (142 staff). Implementation of the training objectives occurred in four of the nine wards scheduled for training. Data resulting from the basic training courses follow. In addition, data are presented from two maintenance probes conducted for each ward trained.

As with the Fairview Project, maintaining a high quality of training was a priority. Seven of the ten staff trained at Teaching Research were subsequently involved in training 142 staff at Pendleton. Table 3 displays the percent of staff meeting training criteria by staff position. The data presented represents staff trained at Pendleton across 12 specific objectives.

Trainee Job Position	Number of Staff Trained	Percent of Staff Meeting Criteria
Professionals	33	86
Direct Care Supervising	27	86
Direct Care	79	83
Clerical Support	3	100
TOTAL	142	85

Table 3
Trainees Meeting Criteria by Staff Position

Two follow-up training probes were conducted by the EOTC staff for staff on each trained ward. These probes were conducted at the time the ward staff implemented training procedures and after procedures were in effect for at least three months. Figure 3 displays data on nine indicators of model implementation for the two probes conducted. These nine indicators are similar to those described for Fairview with two exceptions. Feedback to staff and resident skills list posted have been deleted and schedules of programming have been added.

Analysis of the data presented in Figure 3 and a comparison of that data with data presented in Figure 2 for Fairview suggests a similar trend. Staff skills appear to maintain across time relative to the actual delivery of programs. However, actual implementation and maintenance of the systems to insure that programming occurs appear to deteriorate over time.

There are a number of causes for a deterioration of training systems. Even a limited observation of institutional environments will identify a myriad of variables affecting these systems. Certainly administrative systems established at any given institution have a major affect. Next staffing patterns and turnover of staff are commonly pointed out as problems of training systems maintenance. These variables as well as others are currently being studied by Teaching Research and administrative staff from the two institutions described in this discussion.

In conclusion, the data available suggests that staff training can be accomplished at a high level of success. Translating that training and the successful implementation demonstrated on small, controlled environments to the larger institution environment remains as a problem.

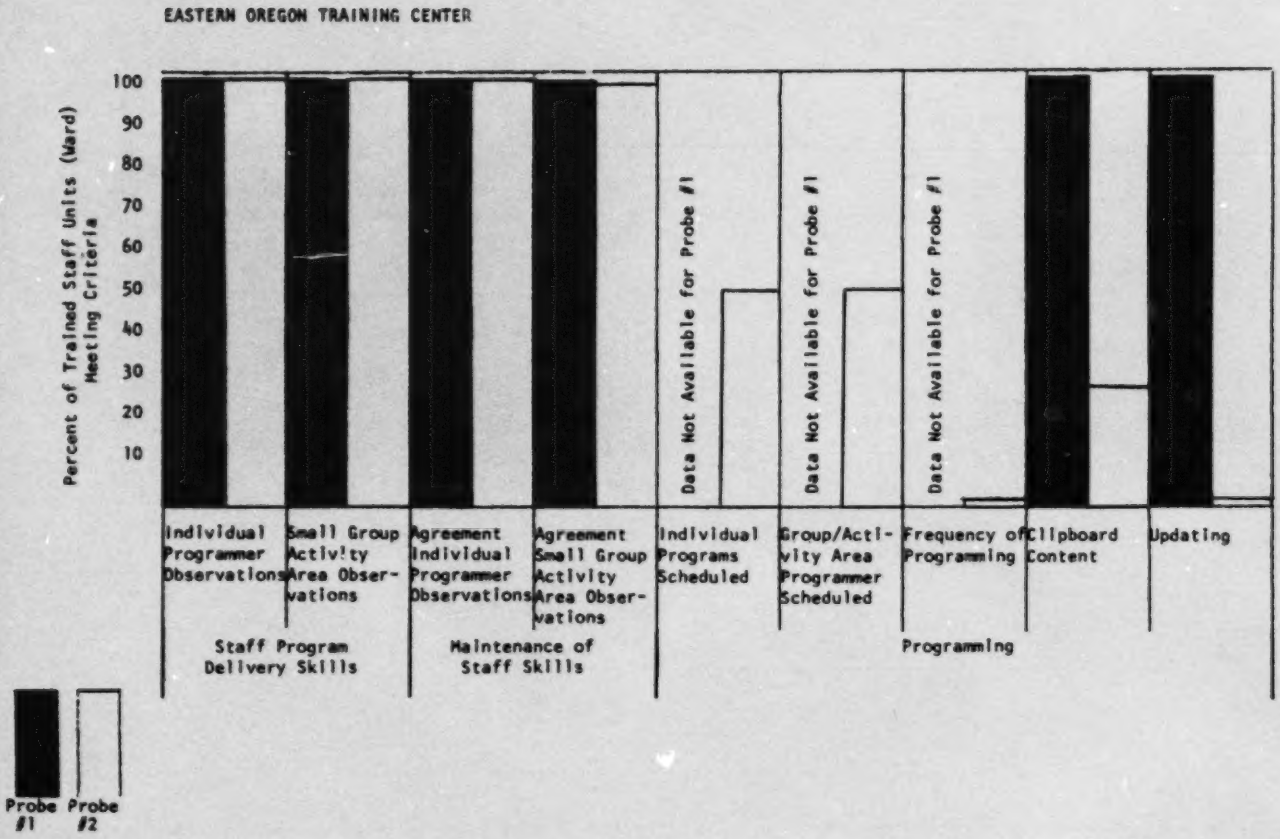

Figure 3
Implementation and Maintenance Probes

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Recommended Reading:

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